

Exhibit A

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Illinois Department of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Ms. Saira Khan		Home Phone (Incl. Area Code) [REDACTED]	Date of Birth [REDACTED]
Street Address [REDACTED]		City, State and ZIP Code [REDACTED]	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Zacharias Sexual Abuse Center		No. Employees, Members 15+	Phone No. (Include Area Code) (847) 244-1187
Street Address 4275 Old Grand Ave, Gurnee, IL 60031		City, State and ZIP Code [REDACTED]	
Name [REDACTED]		No. Employees, Members [REDACTED]	Phone No. (Include Area Code) [REDACTED]
Street Address [REDACTED]		City, State and ZIP Code [REDACTED]	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input type="checkbox"/> SEX</div> <div style="width: 50%;"><input type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest: 09/01/2023 Latest: 12/15/2023 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>Statement of Harm: Zacharias Sexual Abuse Center ("Zacharias") discriminated against me on the basis of my disabilities (post-traumatic stress disorder, attention deficit/hyperactivity disorder, anxiety, depression).</p> <p>In September 2023, I experienced a flare in my disability and informed Zacharias of the same. As such, I required the reasonable accommodation of a brief disability-related leave and was approved for short-term disability from October 18, 2023, until December 15, 2023. Immediately after informing Zacharias of my need for the reasonable accommodation of a medical leave, however, Zacharias baselessly removed one of my accounts in a clear display of discriminatory and retaliatory animus. Sandy Williams (Executive Director) then baselessly instructed me to begin my leave immediately, forcing me out of work prematurely out of further discriminatory and retaliatory animus.</p> <p>On November 15, 2023, I escalated my concerns regarding the discriminatory and retaliatory animus to the Illinois Coalition Against Sexual Assault, in addition to reporting other suspected unlawful/unethical conduct. Then, on December 15, 2023, Ms. Williams suddenly terminated me, citing the pretext of "going against the company mission" in a clear display of discriminatory and retaliatory animus.</p>			
Continued on page 2			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
03 / 08 / 2024 _____ Date		_____ Charging Party Signature	
[Signature]		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

CHARGE OF DISCRIMINATION

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Charge Presented To: _____ Agency(ies) Charge No(s): _____

☒ FEPA
☒ EEOC

Illinois Department of Human Rights

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Continued from page 1

Clearly, this termination was clearly discriminatory and retaliatory. Zacharias terminated me while on my disability-related leave, demonstrating a clear discriminatory and retaliatory animus for my disability and need for reasonable accommodations. Additionally, the temporal proximity between my protected escalations and my termination demonstrates a clear retaliatory animus for my protected activity. Thus, Zacharias clearly terminated me out of discriminatory animus for her disability and retaliatory animus for my protected activities.

A person with a disability is defined as:

1. A person with a physical or mental impairment that substantially limits one or more major life activities; or
2. A person with a record of such a physical or mental impairment; or
3. A person who is regarded as having such an impairment.

I qualify as a person with a disability as defined by one or more of the above.

Statement of Discrimination: I believe I have been discriminated against because of my disabilities in violation of Title I of the Americans with Disabilities Act of 1990 and the Illinois Human Rights Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

03 / 08 / 2024

Date

Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Title	Charge of Discrimination
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**03 / 08 / 2024**
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Sent for signature to Saira Khan (sairasial8396@outlook.com)
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**03 / 08 / 2024**
17:48:13 UTC

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**03 / 08 / 2024**
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Signed by Saira Khan (sairasial8396@outlook.com)
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**03 / 08 / 2024**
17:49:22 UTC

The document has been completed.